Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-5-10</u>	Address:	<u>11B RD 1/4 WEST</u>
Case #:	<u>24F31473</u>		OF MUCKSHAW RD
County:	MARSHALL	•	<u>46563</u>
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Four	nd: Location (bedroom, kitchen, open ai	r, etc)	
Lithium/Ammonia Reaction(s): OPEN AIR			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: OPEN AIR			
Water Reactive Metal (Lithium): OPEN AIR			
Anhydrous Ammonia: OPEN AIR			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: OPEN AIR			
Corrosive Base: OPEN AIR			
Other (i	item and location):		
☐ Yes _ ⊠ No	er age 18 discovered (check one) (number present) eport to Child Protective Services	Ephedrin Retail/Mo	e <u>Information</u> e/Pseudoephedrine Tracking Log erchant Tip <u>EE TRIMMERS</u>
This repor	t is to be faxed to the following agen	cies that serve the le	ocation:
Fire Depart	tment: PLYMOUTH	Fax: <u>574-9</u>	
Health Dep	partment: MARSHALL	Fax: <u>574-9</u> Fax:	
Child Prote	ection Service:		-
	information regarding this methamphong Officer: BRAD A KAIZER 5032		

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.